



STATE OF TENNESSEE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 James Robertson Parkway, Third Floor, Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

## Landscape Architect (Reapplying)

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

### Note

If you previously held registration in Tennessee and are reapplying for registration, you will need to complete a new application, update your experience and submit new references in support of your application. Unless otherwise advised, you do not need to have your educational transcripts submitted to the Board office.

Tennessee **does not grant temporary licenses**. You must be registered prior to the offering or rendering of professional landscape architectural services.

### Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

### CLARB Council Record

Contact the [Council of Landscape Architectural Registration Boards](#) (CLARB) to have your Council Record submitted to the Board office. You must complete the application in its entirety including the education, experience, and reference sections of the application.

### Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance**.

- ♦ Application Fee - **\$55** (nonrefundable fee that must accompany the application)
- ♦ Biennial Registration Fee - **\$140** (if approved)

Submit the application fee with your application. To facilitate the processing of your application, the registration fee may also be paid at this time, but is not required. If you are not approved for re-registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of \$195.00.

## Forms

### **(1) Application Form –**

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information regarding your landscape architectural design work and responsibility on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to architecture or not.

### **(2) Reference Form –**

- Submit two references (in addition to the references in your CLARB record).
  - Of the five references required, three must be from registered landscape architects, registered architects, or registered engineers who are personally acquainted with your technical ability and character.
  - References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

### **(3) Affidavit Regarding Expired License –**

You must submit an affidavit stating whether you have practiced or offered to practice landscape architecture in Tennessee since your certificate of registration expired.

### **(4) The Summary Log of Continuing Education Activities –**

You must have a minimum of twenty-four professional development hours with a majority of the hours (13) addressing health, safety, and welfare issues and technical competency for the two-year period preceding your re-application for registration. The Summary Log of Continuing Education Activities must be completed and documentation of the hours claimed submitted with your application.

### **(5) Firm Disclosure Forms –**

If your firm does not have a valid disclosure form on file with the Board office, you will need to submit the appropriate disclosure with your application. A search for valid firms can be made by [clicking here](#). See pages 14-16 for more information and firm disclosure forms.

## **Pending Status**

An application that lacks required information or reflects a failure to meet any requirement will be held in a “pending” status for five (5) years from the date of the application.

## **Review Procedure**

When your application packet is complete, it will be circulated among the members of the Landscape Architect committee for review. The review may take up to eight weeks.

## **Board Contact**

If you have questions about any of this information or about your application, call Joyce Shrum, Landscape Architect Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail [joyce.shrum@state.tn.us](mailto:joyce.shrum@state.tn.us)



State of Tennessee  
Department of Commerce and Insurance  
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500 James Robertson Parkway, Third Floor  
Nashville, TN 37243-1142

## APPLICATION FOR REGISTRATION TO PRACTICE AS A LANDSCAPE ARCHITECT

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Official Capacity \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address for Correspondence: \_\_\_ Business \_\_\_ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? \_\_\_ Yes \_\_\_ No

I am applying for registration by:

\_\_\_ Examination

Do you have a disability which may require special accommodations in taking an examination? \_\_\_ Yes \_\_\_ No

\_\_\_ Comity \_\_\_ Reapplying

CLARB Certificate Number \_\_\_\_\_

(For Board use only— Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprvd	Board Member	Date	Aprvd	Dis-aprvd

Full Name \_\_\_\_\_

**All information MUST comply with instructions or the application will be returned.**

If you have ever changed your name through marriage or through action of a court, or have ever been known by any other name, please list name(s) and date(s) of change \_\_\_\_\_

Have you passed the written CLARB examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name state/territory and year \_\_\_\_\_

Have you passed a written examination in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name state/territory and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

List membership in technical or professional organizations \_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name place and year \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

Name and Address of Institution Received	Attendance (From - To)	Date of Graduation	Major Course	Degree
_____				
_____				
_____				
_____				

Full Name \_\_\_\_\_

### EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

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	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)



Full Name \_\_\_\_\_

## REFERENCES

List names and complete addresses of five persons acquainted with your technical ability, three of whom must be registered landscape architects, architects or engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

References	State of Registration	Employer Past Employer Client	Complete Address

## APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a landscape architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Attach a photograph  
Taken in the last 12 months

HEAD AND  
SHOULDERS ONLY



TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
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NASHVILLE, TN 37243-1142  
800-256-5758 615-741-3221 (NASHVILLE AREA) 615-532-9410 (FAX)

## REFERENCE

### THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

\_\_\_ architecture  
practice \_\_\_ engineering  
\_\_\_ landscape architecture

Please send the information requested on the reverse directly to the Board office in the envelope provided.

\_\_\_\_\_  
(Signature of Applicant)

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#### Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see reverse)

Applicant's name \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
3. What has been your connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_
4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_\_ architect \_\_\_\_ engineer \_\_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

- a. My full name is \_\_\_\_\_  
(to be typewritten or printed)
- b. My present employer is \_\_\_\_\_
- c. My title or position is \_\_\_\_\_
- d. I am/am not a registered \_\_\_\_\_ architect  
\_\_\_\_\_ engineer  
\_\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature)

\_\_\_\_\_  
(Address)





**STATE OF TENNESSEE**  
**BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Summary Log of Professional Development Hours (PDH's) Earned**

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

DATE(S) OF ACTIVITY	Check ( )* if applicable	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	PDH'S EARNED	PDH'S IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY
TOTAL					

\* Check ( ) if activity is being carried over from previous renewal period (max. 12 PDH's)

**CERTIFICATION**

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Profession AND Registration No.: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Certificate of Registration Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



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[www.state.tn.us/commerce/boards/ae](http://www.state.tn.us/commerce/boards/ae)

## **CORPORATION, PARTNERSHIP, AND FIRM DISCLOSURE**

### **Law**

The firm disclosure form is required of corporations, partnerships, and firms practicing or offering to practice architecture, engineering, and/or landscape architecture in the state of Tennessee in accordance with *Tennessee Code Annotated* (T.C.A.) Title 62, Chapter 2, Part 6, Sections 62-2-601 and 62-2-602. Firms offering only interior design services are not required to file a disclosure with the Board.

The firm must have one Tennessee registrant in responsible charge of the firm's Tennessee practice, even if the firm uses the plural form of "architect", "engineer", or "landscape architect". If the firm's name incorporates individuals' names in conjunction with the plural form of architect, engineer, or landscape architect (for example, Smith and Jones Architects), it is not necessary for each named person to be registered, so long as the firm name, taken as a whole, is not misleading to the public, and there is at least one Tennessee registrant at the firm.

The law can be accessed from our home page listed above or you may obtain a copy by contacting the Board office at the address above.

### **Firm Disclosure**

This form is for firm disclosure, not firm registration. No fee is required.

Only officers and principals who are employed full-time and hold active Tennessee registration can be in responsible charge of the firm's practice.

- A "principal" is considered to be an individual who has the authority to make independent design decisions. He/She is not required to be an officer in the firm.
- The person in responsible charge must be registered in the profession in which services are being offered.
- A person cannot be in responsible charge of more than one office.

## **Tennessee Branch Office Disclosure**

The Tennessee branch office form (Attachment A) should only be completed if: 1) the out-of-state firm has branch offices in Tennessee, or 2) a Tennessee-based firm has more than one office in Tennessee.

- A branch office form ([Attachment A](#)) should be completed for each branch office (city or town) located in Tennessee from which professional design services are offered to the public.
- The registrant in responsible charge of a Tennessee branch office is not required to be an officer or principal.

## **Forms**

The form(s) that follow these instructions may be filled out online. The forms must then be printed and signed. The Board does not accept electronic document filing of the disclosure form; the completed form must be mailed to the address above.

Please retain a completed copy for your records. Advise the Board, in writing, within sixty (60) days of any address change. Submit a new firm disclosure if reporting any other changes such as a firm/company name change, changes in registration status of principals or officers, changes in principals or officers who are designated to be in responsible charge, etc.

## **Board Contact**

If you have any questions regarding the firm disclosure requirements, please contact Frances Smith, Firm Disclosure Coordinator, at the phone numbers listed above or by e-mail at [frances.p.smith@state.tn.us](mailto:frances.p.smith@state.tn.us).



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<http://www.state.tn.us/commerce/boards/ae/index.html>

## Corporation, Partnership and Firm Disclosure

Required by *Tennessee Code Annotated, Section 62-2-601*

Each place of business providing or offering architectural, engineering, or landscape architectural services to the public in Tennessee must file a firm disclosure form.

A. Complete one form for each type of professional design service offered to the public in Tennessee.

Check one: ☐ Architecture ☐ Engineering ☐ Landscape Architecture

B. Check one: ☐ New Disclosure ☐ Update (give previous name, if different from current name):

\_\_\_\_\_

C. Name of Firm \_\_\_\_\_

Doing business as \_\_\_\_\_

This firm is (please check one): ☐ A Business Corporation; ☐ A Professional Corporation; ☐ A Partnership;  
☐ A Sole Proprietorship; ☐ Other (please explain) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

Fax Number

Website Address (optional)

Firm's E-mail Address

D. Names, Titles, Addresses of all Officers and/or Principals. Include Tennessee registration numbers for those holding Tennessee registration. (Attach additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. I am the active, full-time Tennessee registrant who is an Officer and/or Principal in responsible charge of the firm's practice in Tennessee and who is registered to practice the profession indicated in section A.

Type or Print Name

Title

TN Registration Number

Office Address

Telephone Number

Fax Number

Registrant's E-Mail Address

Signature

Date

F. List any and each branch office (city or town) located in Tennessee from which professional design services are offered to the public. Attachment "A" must be completed for each location. \_\_\_\_\_

\_\_\_\_\_

Please advise the Board office, in writing at the address above, within sixty (60) days of ANY changes in the above information.